DNREC - DIVISION OF WATER WATER SUPPLY SECTION LICENSING PROGRAM 89 KINGS HIGHWAY DOVER, DE 19901



PHONE: 302-739-9944 FAX: 302-739-7764 www.dnrec.state.de.us

APPLICATION FOR LICENSE RENEWAL WATER WELL CONTRACTOR OR PUMP INSTALLER CONTRACTOR

PLEASE COMPLETE EACH SECTION IN FULL
(A SEPARATE FORM MUST BE SUBMITTED FOR EACH LICENSE RENEWAL)
PLEASE LEGIBLY PRINT OR TYPE

CHECKS SHOULD BE MADE PAYABLE TO: DNREC DIVISION OF WATER

LICENSE TYPE (CIRCLE ONE)		LICENSE NUMBER			LICENSE RENEWAL FEES:	
wc	PC				WATER WELL CONTRACTO PUMP INSTALLER CONTRA	
1.	NAME OF COMPANY:					
2.	BUSINESS MAILING ADDRESS:					
3.	BUSINESS TELEPHONE: 4. BUSINESS FAX:					
5.	BUSINESS EMAIL ADDRESS:					
6.	CONTACT PERSON (INDIVIDUAL WE CAN CONTACT IF ADDITIONAL INFORMATION IS NEEDED AND EMAIL ADDRESS OR DIRECT TELEPHONE NUMBER):					
7.	NAME OF OWNER OR OFFICER(S) OF COMPANY:					
8.	HAS ANY OF THE ABOVE INFORMATION CHANGED DURING THE LAST YEAR? YES () NO ()					
9. THIS APPLICATION MUST BE ACCOMPANIED BY: A. THE APPROPRIATE LICENSE RENEWAL FEE (LISTED ABOVE) B. A COPY OF THE COMPANY'S CONTRACTOR LIABILITY INSURANCE POLICY OR RIDER, IF NOT CURRENTLY ON FILE. (PLEASE REFER TO THE REGULATIONS FOR LICENSING WATER WELL CONTRACTORS, PUMP INSTALLER CONTRACTORS, WELL DRILLERS, WELL DRIVERS, AND PUMP INSTALLERS FOR INSURANCE REQUIREMENTS) I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
SIGNATURE OF OWNER OR REPRESENTATIVE OF COMPANY DATE						